

OA GO AWAY

People with OA who are physically active feel much better than those who aren't active. Exercise can help make your OA symptoms go away!

This is how to use the OA GO AWAY:

Step 1: OA GO AWAY Journal

Complete once per month.

To create a personal diary of how your OA is affecting your daily function and health and how you are managing it.

Step 2: OA GO AWAY Goals & Action Plan

Complete once per month. Check in every 2 weeks to make sure you are on track.

To set personal goals and an action plan to improve your OA.

Step 3: OA GO AWAY Exercise Log

Four copies, complete one per week.

To keep track of the exercise/ physical activity that you do each day as recommended by arthritis guidelines, Health Canada and your physiotherapist.

Instructions

Instructions for how to complete the Journal, Goals & Action Plan, and Exercise Log are located at the end of this booklet.

ONLY FILL OUT WHAT YOU WANT TO FILL OUT

My OA GO AWAY Journal

Complete once per month. Answer questions based on **the past week**.

Date _____

Top 3 Activities that are difficult due to my OA that I would like to improve

(e.g. walking; stairs; getting up from chair; laundry; shopping; gardening; playing with grandkids...)

Rate (circle)

Difficult Activity 1 _____

Describe

- 1 easy
- 2 slightly difficult
- 3 moderately difficult
- 4 very difficult
- 5 extremely difficult

Difficult Activity 2 _____

Describe

- 1 easy
- 2 slightly difficult
- 3 moderately difficult
- 4 very difficult
- 5 extremely difficult

Difficult Activity 3 _____

Describe

- 1 easy
- 2 slightly difficult
- 3 moderately difficult
- 4 very difficult
- 5 extremely difficult

Other possible impacts of my OA

My Sleep

Describe

Rate (circle)

- 1 excellent
- 2 very good
- 3 good
- 4 fair
- 5 poor

My Pain

Describe

Rate (write the number)

From 0 (no pain) to
10 (most pain imaginable)

Hip L____ R____

Knee L____ R____

My Mood

Describe

- 1 excellent
- 2 very good
- 3 good
- 4 fair
- 5 poor

My Stiffness

Describe

From 0 (no stiffness at all) to
10 (extreme stiffness)

Hip L____ R____

Knee L____ R____

My Energy

Describe

- 1 excellent
- 2 very good
- 3 good
- 4 fair
- 5 poor

My Swelling

Describe

From 0 (no swelling) to
10 (extreme swelling)

Knee L____ R____

My Fitness and Weight measures

Last week I did: (write the number)

_____ minutes of **vigorous Aerobic** activity

(Vigorous- Intensity: sweat and are 'out of breath' Activities like:
Jogging, Cross country skiing, Swimming)

_____ minutes of **moderate Aerobic** activity

(Moderate- Intensity: sweat a little and breathe harder. Activities like:
Brisk walking, Bike riding)

_____ minutes of **light Aerobic** activity

Health Canada recommends 150 minutes of moderate to vigorous aerobic activity per week ; for OA start with light activity & progress

Strengthening exercises on _____ days (e.g. weights;
theraband; bike; yoga)

Health Canada recommends strengthening exercises on 2 days per week

Weight _____ lbs/kg **Waist** _____ cm/inches

Treatment for my OA symptoms

Medications

(pills; creams; injections: prescribed;
over the counter)

How much

Dose

How often

/ day

/ week

1.

2.

3.

4.

Other Treatments

(supplements; physio; heat/ice;
massage; acupuncture)

1.

2.

3.

4.

My OA GO AWAY Goals & Action Plan

Complete once per month; check in every 2 weeks.

Goals: related to 'Top 3 Activities that are difficult due to my OA' (e.g. get up from sofa without pain; walk to store without stopping)	Action Plan: Exercise/Activity (include what, how often, how much/how long; when; where)
Goal #1	Aerobic exercise
	Strengthening exercise
Goal #2	Range of motion/stretching exercise
	Balance exercise
Goal #3	
Goals: Other (e.g. lose weight; improve mood, correct my flat feet)	Action Plan: Other (e.g. change diet; see social worker/psychologist; buy orthotics)
How will I make sure I stick with my Plan?	

My OA GO AWAY Exercise Log

Complete weekly

Month _____	Day	Mon	Tues	Wed	Thu	Fri	Sat	Sun
	Date							
A. Aerobic activity/exercise (e.g. walking; biking; dance; swimming/aquafit; exercise class)	Mins	Intensity: 3 = vigorous; 2 = moderate; 1 = light Aim for ____ minutes for ____ days per week						
	Int							
1.								
2.								
3.								
4.								
My weekly total # minutes of moderate to vigorous intensity aerobic activity:								

B. Strengthening exercises (e.g. wt's; theraband; gym; bike) <i>for specific exercises refer to ex routine log</i>	Aim for ____ minutes for ____ days per week.							
	Mon	Tues	Wed	Thu	Fri	Sat	Sun	Total Days
1.								
2.								
My weekly total # days I did strengthening exercises:								

C. Range of motion/ stretching exercises (e.g. physio ex's; yoga; tai chi) <i>for specific exercises refer to ex routine log</i>	Aim for _____							
My weekly total # days I did range of motion (ROM) or stretching exercises:								

D. Balance exercises (e.g. physio ex's; yoga; tai chi) <i>for specific exercises refer to ex routine log</i>	Aim for _____							
My weekly total # of days I did balance exercises:								

Comments (e.g. did something get in the way of my exercise routine?; did I make any changes to my medications or other treatments for my OA?)	
---	--

My OA GO AWAY Exercise Log

Complete weekly

Copy for second week

REMINDER: check-in with your Action Plan – to see if you are on track

My OA GO AWAY Exercise Log

Complete weekly

Copy for third week

My OA GO AWAY Exercise Log

Complete weekly

Copy for fourth week

Instructions

My OA GO AWAY Journal

Complete once per month

For all of the questions, think of how you have been **in general for the last week**, and write what **you would like to keep track of**.

Top 3 Activities that are difficult due to my OA that I would like to improve

List on the lines provided, in order of priority: 1 to 3 activities that are important to you, that are difficult, painful or impossible because of the OA of your hip(s) or knee(s), and that you would like to do better. (e.g. walking; stairs; getting up from chair/toilet; standing; bending/squatting; lifting; kneeling; getting in/out of bath/bed; putting on socks/shoes; tying laces; chores/housework; shopping; gardening; intimacy; volunteer work).

Describe in the space provided: each activity in as much detail as possible.

- include a time frame (e.g. how long it took to walk to store)
- include if you need to use an aid (e.g. cane; brace; railing; reacher; raised toilet seat; ice grippers)
- include how many breaks you need or how you had to modify the activity (e.g. how many times you sat down on way to store; need to take stairs 1 step at a time)

Rate the level of difficulty of each challenge for you, by circling a number from 1 (easy) to 5 (extremely difficult).

Other possible impacts of my OA

My Sleep

Describe in the space provided: your sleep **on average in the last week**. (e.g. trouble getting to sleep; trouble getting comfortable in bed; sleep disrupted by pain; unable to lie in certain positions; lack of deep sleep; need to take sleeping pills; average number of hours of sleep).

Rate the level of quality of your sleep according to the scale by circling a number from 1 (excellent) to 5 (poor).

My Mood

Describe in the space provided: your mood on average in the last week. (e.g. feel happy, sad; calm, peaceful; irritable; stressed; annoyed; worried; nervous; frustrated; down in the dumps; depressed; variation of mood).

Rate: Level of Quality: rate your mood according to the scale by circling a number from 1 (excellent) to 5 (poor).

My Energy

Describe in the space provided: your energy on average in the last week. (e.g. tired; worn out; full of pep; need to take a nap; low motivation to do things; based on your normal physical / mental / spiritual energy level).

Rate: Level of Quality: rate your energy according to the scale by circling a number from 1 (excellent) to 5 (poor).

My Pain

For each **affected** hip / knee:

Describe in the space provided: your pain on average in the last week. (e.g. location; sharp; dull; aching; burning; shooting; throbbing; constant/intermittent; unpredictable; at rest/with activity/at night; duration).

Rate your pain over the last week with a number from 0 (no pain) to 10 (worst pain you can imagine) Write the number on the line beside the Left (L) or Right (R) hip or knee.

My Stiffness

For each **affected** hip / knee:

Describe in the space provided: your stiffness on average in the last week (e.g. stiff after sitting too long; stiff in the morning when I get up; stiff at movies)

Rate your stiffness over the last week with a number from 0 (no stiffness) to 10 (extreme stiffness) Write the number on the line beside the Left (L) or Right (R) hip or knee

My Swelling

For each **affected** knee:

Describe in the space provided: your swelling on average in the last week. (e.g. swollen, puffy, hot, warm, red, feeling of fullness, location of swelling)

Rate your swelling over the last week with a number from 0 (no swelling) to 10 (extreme swelling) Write the number on the line beside the Left (L) or Right (R) knee. (i.e. it is impossible for you to tell if your hip is swollen)

My Fitness and Weight Measures

Last week I did: Record how many **minutes** in the past week you did **aerobic** activity of vigorous; moderate and light intensity (e.g. walking, hiking, swimming/aqua fitness, biking, dancing, cross country skiing, cardio machines, exercise class, etc.) To achieve general health benefits Health Canada recommends that adults should accumulate 150 minutes of moderate to vigorous aerobic physical activity per week in bouts of 10 minutes or more. For those with arthritis who are starting a new aerobic activity it is recommended to start with light activity and gradually increase your intensity and minutes. Going from no activity to some activity will help your OA.

- **Vigorous- Intensity** physical activities will cause adults to sweat and be 'out of breath'. Activities like: jogging, cross country skiing, swimming, etc. Your heart rate should be 70-85% of your maximum rate.
- **Moderate- Intensity** physical activities will cause adults to sweat a little and breathe harder. Activities like: brisk walking, bike riding, etc. Your heart rate should be 50-70% of your maximum rate.
- **Light- Intensity** physical activities will get your heart rate up a little and your breathing will feel easy.
- Record how many **days** in the past week you did **Strengthening** exercises (e.g. weights, theraband, gym machines, aqua fitness, yoga, tai chi, cycling, Physio exercises, etc.) Stronger muscles will help take some stress off of your hips and knees and will help decrease pain.

Weight

Step on your scale and record your weight in lbs or kg.

Waist

This is a measure of the fat stored around your waist. A high range means you are at risk for high blood pressure, high cholesterol, type-2 diabetes, heart disease and stroke, and your OA pain may be worse.

How to use a tape measure

1. Stand in front of the mirror and remove clothing/belts from around your waist
2. Place the tape measure around your waist at the level of your belly button.
3. Take 2 normal breaths. After the second breath out, tighten the tape around your waist. The tape should fit comfortably snug around the waist without depressing the skin. Be sure that tape is not twisted and is parallel to ground. Now take the reading on the tape.

Normal Measurements

Ethnic group	Men's waist		Women's waist	
	inches	cms	inches	cms
European/Caucasian; Sub-Saharan Africans; Eastern Mediterranean; Middle Eastern	< 40	< 102	< 34 ½	< 88
South Asian; Malaysian; Asian; Chinese; Japanese; Ethnic South & Central Americans	< 35 ½	< 90	< 31 ½	< 80

Treatments for my OA symptoms

Medications

List all pills or creams/ ointments you took for your OA symptoms last week. These include those prescribed by your doctor (e.g. anti-inflammatories pills such as Celebrex or Naprosyn; creams such as Pensaid; narcotics such as Tramadol) and those you take without a prescription or 'over the counter' (OTC) (e.g. Tylenol; Advil; Aleve; Voltaren Emugel cream; Capsaicin cream). These can also include medications you take for other OA symptoms (pills for sleep and mood)

Indicate

- How much you take (dose for each pill)
- How often you took each pill/cream per day and/or the total in the **last week**.

Other treatments for my OA

List any other treatments you have used in the past week to help relieve your OA pain (e.g. supplements such as glucosamine, chondroitin; vitamin D, physiotherapy; heat/ice; massage; acupuncture; chiropractic; osteopathy; etc.)

Indicate how many times per day or per week you used each treatment in the **last week**.

My OA GO AWAY Goals & Action Plan

1. **Goals # 1, 2, 3:** Review your OA GO AWAY Journal 'Top 3 Activities that are difficult due to my OA'. Write down 1 to 3 personal **Goals** related to these difficult activities (e.g. Goal#1: 'I want to be able to walk to the corner store without having to stop because my left knee hurts')
2. **Goals (other):** if you have other goal(s) not related to functional difficulties, write it down here. (e.g. 'I want to lose 10 lbs by Xmas'; 'I want to improve my mood')

GOALS SHOULD BE SMART: Specific; Measurable; Achievable; Realistic, Time sensitive.

3. **Action Plan: Exercise/Activity:** Write down your **Action Plan** in terms of what exercise/activities you plan to do to help you achieve your goals. List each activity next to the type (aerobic; strengthening; range of motion/stretching; balance). Be specific and specify exactly what the activity is; and where; when; how often and how long you will do it. (e.g. Aerobic exercise: I plan to go 1 hour aquafit classes at Dovercourt pool on Tuesdays and Thursdays from 3 to 4 PM; Range of motion/stretching exercise: I will spend 10 minutes doing the 4 hip ROM exercises that my Physio showed me, for 10 repetitions each, every evening before I go to bed)
4. **Action Plan: Other:** write down what you plan to do to help you achieve your 'other goals'. (e.g. next week I will make an appointment to see a dietician'; 'I will see the social worker at the Arthritis Society every 2 weeks for the next 6 months')
5. **How will I make sure I stick with my plan?:** can you think of any obstacles that may get in the way of doing what you plan to do? (e.g. in the winter it is sometimes hard to walk outside) If so, think of ways to overcome these? (e.g. on the bad snow days I will walk in the hallways or I will purchase ice grippers for my boots so I won't have to worry about slipping)

My OA GO AWAY Exercise Log Instructions

Complete Daily or Weekly

Write the **Month** and **Dates** and **Days** of the week in the top boxes:

A. Aerobic activity/exercise (must be minimum 10 minutes sessions):

(e.g. walking, hiking, swimming/aquafit, biking, dancing, cross country skiing, cardio machines, exercise class etc)

In the **grey box** write your goal for the week: how many minutes and/or days this week would you like to aim to do aerobic activity?

- List the aerobic activities you will do this week in boxes 1-4
- Each day you do one of these aerobic activities check it off in the boxes
- include the # of minutes you did this activity in the top half of the square and the intensity in the bottom half as either 3 (vigorous) or 2 (moderate) or 3 (light)
- At the **end of the week**: total the number of **minutes** for each activity of **moderate to vigorous** intensity activity (rated 2 or 3)
- Add up your **weekly total** number of minutes for **all** moderate to vigorous activity and compare this to the recommendations from Health Canada

B. Strengthening

(e.g. weights, theraband, gym machines, aquafit, yoga, tai chi, cycling, physio exercises, etc)

In the **grey box** write your goal for the week: how many minutes and/or days this week would you like to aim to do strengthening exercises?

- Each day you do a session of strengthening exercises **check** it off in the boxes
- At the **end of the week**: total the number of days you did strengthening exercise sessions
- Add up your **weekly total** number of days you did strengthening exercises and compare this to what is recommended by Health Canada

*For specific exercises you may want to keep track of these on the 'Exercise Routine Log'

C. Range of motion (ROM) /stretching

(e.g. physio exercises; yoga; tai chi; aquafit)

In the **grey box** write your goal for the week: how many minutes and/or days this week would you like to aim to do aerobic activity?

- Each day you do a session of Range of Motion or stretching exercises **check** it off in the boxes
- At the **end of the week**: Add up your **weekly total** number of days you did ROM or stretching exercises and compare this to what your physiotherapist has recommended

*For specific exercises you may want to keep track of these on the 'Exercise Routine Log'

D. Balance

(e.g. include yoga; tai chi; physio exercises)

In the **grey box** write your goal for the week: how many minutes and/or days this week would you like to aim to do aerobic activity?

- Each day you do a session of balance exercises check it off in the boxes
- At the **end of the week**: total the number of days you did balance exercises and compare this to what your physiotherapist has recommended

*For specific exercises you may want to keep track of these on the 'Exercise Routine Log'

NOTE: some activities can be recorded more than once (e.g. aquafit class qualifies as aerobic, strengthening, ROM and balance type exercise)

Comments: write any comments that are related to your activities this week (e.g. 'sick on Tuesday, unable to go to aqua fit class' or 'I took an 2 extra tylenol Friday because I had more pain')

My OA GO AWAY Exercise Routine Log (optional)

This chart is to be used if you wish to keep track of the individual exercises that are part of your ‘exercise routine’ such as your ‘physio exercises’ or the particular exercises/machines you do at the gym. These can be ROM, stretching, strengthening, or balance exercises. If you wish you may record the weight you used or the number of repetitions and/or sets.

OA GO AWAY Exercise Routine Log (OPTIONAL)

e.g. gym machines; physio exercises ; weights/theraband; gymnastic ball
(may add: wt/ #reps/ sets)

[illegible]